

2019

Ride to End

Polio

Registration

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size (Circle): S M L XL XXL (Adult Sizes)**

*I agree to ride for 100 minutes (bicycle) or 100 miles (motorcycle) and pledge $100 (during Oct 19th to Oct 26th) in support of Polio Eradication. I understand that I accept liability for this activity. All funds collected will be submitted to The Rotary Club of Kerrville by 10/26/19: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

Signature Date

**Supporters**

**Name Address/City/State/Zip $/Minute TOTAL**

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| **TOTAL:** | | |  |

*All donations will be 100% utilized for Polio Eradication. Checks should be made to:* ***Rotary Club of Kerrville – Polio Plus*** *and mailed to* ***PO Box 295335 Kerrville, TX 78029****. Donations over $250 will receive a tax deductible letter from The Rotary Club of Kerrville Community Service Fund. Thank you for your support! Entrance for Pints for Polio can be picked up 10/26 at the door. Those registered by 10/15/19 can pick up their shirt at that time, or it will be mailed after the event.*